



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 FOR SECRETARY OF STATE  
 SIGNATURE ONLY  
 2023 APR 05 A 9:01

1. Entity ID Number 10409		2. Exact name of the Corporation GENT APPAREL, LTD.			
3. Principal Office Address 999 Pontiac Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island Buying and selling uniforms and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Michael Gentili			Vice-President Name Christopher Gentili		
Street Address 999 Pontiac Avenue			Street Address 999 Pontiac Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Christopher Gentili			Treasurer Name Michael Gentili		
Street Address 999 Pontiac Avenue			Street Address 999 Pontiac Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Joan C. Gentili			Director Name Michael Gentili		
Street Address 999 Pontiac Avenue			Street Address 999 Pontiac Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000		Common
			PAR VALUE		No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative Michael Gentili <i>Michael Gentili</i>					Date 2-3-23
Signature of Authorized Representative <i>Michael Gentili</i>					

FILED

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

APR 05 2023  
 BY *ML 406*